



RMHC[®]
Michiana

REGISTRATION FORM

Kids Pulling for Kids

Pop Tab Collection Program

Name of School: _____

Type of School: Elementary Middle School High School (mark all that apply)

Name of Principal: _____

Address:

Phone: _____ Fax: _____

Coordinator Name: _____

Coordinator Email: _____

Coordinator Phone: _____

Email, Mail, or Fax completed registration forms to:

**Ronald McDonald House Charities of Michiana
610 N. Michigan St. Suite 310 South Bend, IN 46601
Attn: Taylor Waldron
Fax: 574-647-1077
Email: twaldron@rmhcmichiana.org**